

Minutes of the Special Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Monday, May 23, 2016 at the hour of 4:00 P.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Hammock called the meeting to order.

Present: Chairman M. Hill Hammock and Directors Ric Estrada, Ada Mary Gugenheim; Emilie N. Junge; Wayne M. Lerner, DPH, LFACHE; Mary B. Richardson-Lowry; and Carmen Velasquez (7)

Absent: Vice Chairman Hon. Jerry Butler and Director Dorene P. Wiese (2)

Additional attendees and/or presenters were:

Debra Carey - Chief Operating Officer, Ambulatory Services
Douglas Elwell – Deputy CEO of Finance and Strategy
Claudia Fegan, MD - Executive Medical Director/Medical Director-Stroger
Andrew Segovia Kulik, MD – Chairman, Department of Psychiatry
Jeff McCutchan – Interim General Counsel
Connie Mennella, MD – Chair, Department of Correctional Health

Mary Sajdak - Senior Director of Integrated Care Management
Deborah Santana – Secretary to the Board
Richard H. Sewell - Associate Dean, Community and Public Health Practice at UIC School of Public Health
John Jay Shannon, MD – Chief Executive Officer
Agnes Therady – Executive Director of Nursing
Chris Wurth –Cermak Health Services of Cook County

II. Public Speakers

Chairman Hammock asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Recommendations, Discussion / Information Item

A. Strategic planning discussion

Dr. John Jay Shannon, Chief Executive Officer, provided an introduction to the presentation. He also introduced Richard Sewell, Associate Dean of Community and Public Health Practice at UIC School of Public Health, who will be moderating the strategic planning discussions.

Dr. Shannon stated that the preliminary timeline anticipates a draft strategic plan presented to the Directors and public to comment on around the 3rd week of June. There is an “exoskeleton” of the strategic plan - meaning the strategies and sub-strategies in categorical and bulleted form - with the expectation that there will be large strategies, sub-strategies, and milestones and metrics to know whether progress is being made. Time will be spent at the end of the meeting today to talk in a little bit more detail on next steps on that, because the administration will need to get some more feedback from the Board.

III. Recommendations, Discussion / Information Item

A. Strategic planning discussion (continued)

Topic: Behavioral Health (Attachment #1), presented by Dr. Andrew Segovia Kulik, Chairman of the Department of Psychiatry

The presentation included information on the following subjects:

- Prevalence of Mental Illness
- Treatment of Mental Illness in America
- Mental Health in the Community
- Stroger Emergency Department (ED) Visits by Behavioral Health Diagnosis, 1/01/13-4/1/15
- Substance Abuse Figures Trend – Rising
- CountyCare Members: Top Diagnoses, Cost and Inpatient/ED Utilization, April 2015-March 2016
- CCHHS Behavioral Health 2015
- CCHHS Behavioral Health Strategies 2015/2016 – A Year of Transition
- Behavioral Health Integration in Primary Care
- Primary Care Integration Model
- Behavioral Health Consortium
- Crisis Expansion
- Specialty Expansion in Department of Psychiatry
- Substance Abuse Treatment Expansion
- Principle Objectives and Behavioral Health

Topic: Correctional Health – Cermak Health Services (Attachment #2), presented by Dr. Connie Mennella, Chair of the Department of Correctional Health, and Chris Wurth, Site Administrator for Cermak Health Services

The presentation included information on the following subjects:

- Patient Experience
- Volume of Services – May 2015-April 2016
- Medical / Mental Health Classifications
- Mental Health Caseload Volume
- Mental Health Workload Volume Trends
- Medical Workload Volume Trends
- Chronic Disease
- Innovations and Best Practices
- Stepping Up Initiative
- Integrated Strategy
- Department of Justice History

Following the Board's review and discussion of the information contained in the two (2) presentations, Mr. Sewell reviewed a presentation regarding the planning process and optimal strategic alternatives (Attachment #3). The Board discussed the information.

III. Recommendations, Discussion / Information Item

A. Strategic planning discussion (continued)

Dr. Shannon stated that, at the June 24th Board Meeting, the plan is to have a draft written document out to the Board; this is tentatively the time that the administration would like to put out as the marker to put a draft plan out for public comment. In response to a question regarding whether senior staff will embrace the strategic plan, Dr. Shannon stated that the executive team will absolutely need to review the draft strategic plan and give him their input, pushback and modifications. Director Richardson-Lowry commented that she is unaccustomed to having the Board comment on a draft before the executive ranks have weighed in on it. Dr. Shannon responded that what will be presented as the options will have been already filtered through the executive team. Director Lerner requested that the executive team vet the strategies and prioritize them for the Board.

IV. Adjourn

As the agenda was exhausted, Chairman Hammock declared that the meeting was
ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Board of Directors Special Meeting Minutes
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ATTACHMENT #1



COOK COUNTY HEALTH
& HOSPITALS SYSTEM

CC+HS

Behavioral Health Strategic Planning

May 23, 2016

Andrew Segovia Kulik, M.D.

Chairman, Department of Psychiatry

Debra Carey

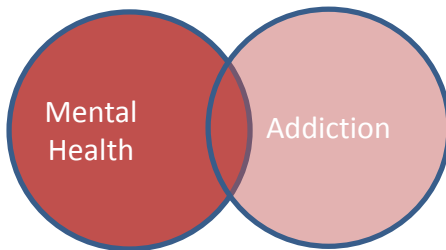
Chief Operating Officer, Ambulatory Services

Prevalence of Mental Illness (NAMI)

(excluding substances unless specified)



One in five adults in America experience Mental Illness in last 12 mo.



Approximately **10.2m** Americans have co-occurring disorders.

Prevalence of Mental Illness (NAMI)

(excluding substances unless specified)



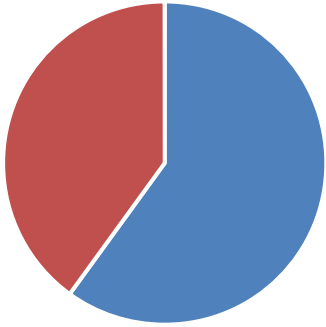
Approximately **26%** of homeless adults in shelters live with mental illness.



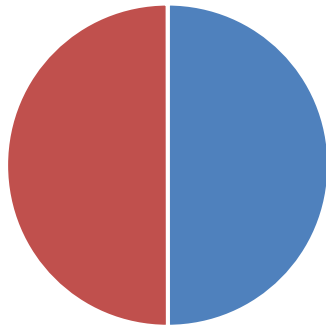
Approximately **24%** of state prisoners have a recent history of a mental health condition.

Treatment of Mental Illness in America(NAMI)

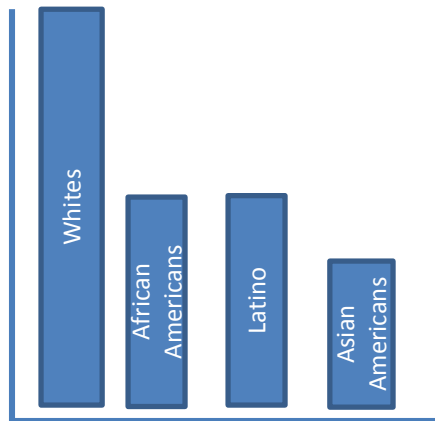
excluding substance abuse problems



Nearly **60%** of adults with mental illness did not receive mental health services within the last year.



Nearly **half** of youth aged 8-15 did not receive mental health services in the last year.



African American and Latinos used mental health services at about half the rate of whites in the past year, and Asian Americans at about 1/3 the rate.

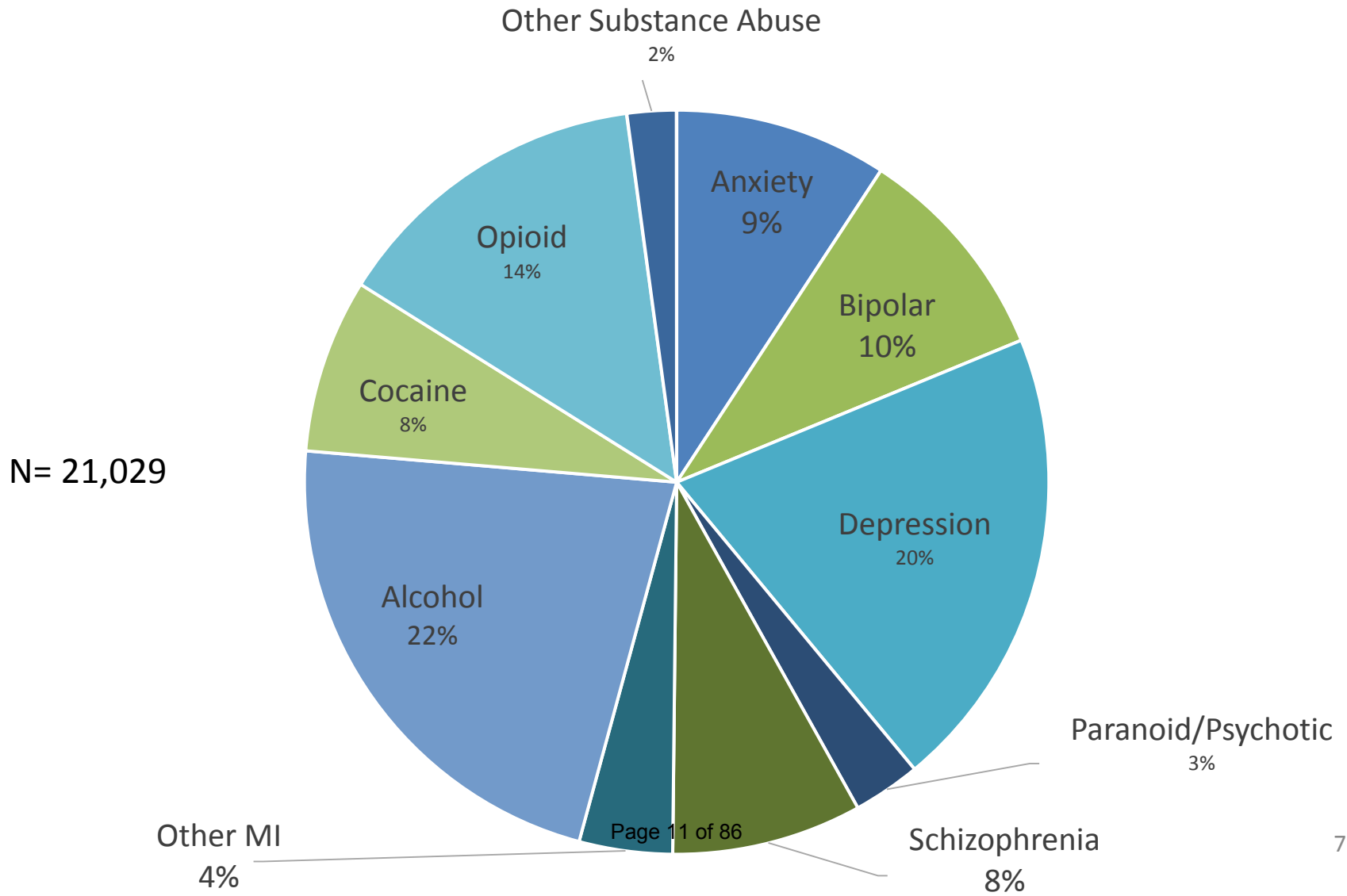
Mental Health in the Community

- At Stroger, emergency room visits for psychiatric crisis increased by 19% from 2009-2012
- After the closure of several city mental health clinics in 2013, 37% more people discharged from emergency rooms for psychiatric treatment

Mental Health in the Community

- Roughly 23% (excluding substances) of detainees in the Cook County jail present with mental illness.
- The FY2016 proposed Illinois budget, which includes significant cuts to Medicaid and publically funded mental health services will continue to impact behavioral health services and individuals living with serious mental illness.

Stroger ED Visits by Behavioral Health Diagnosis, January 1, 2013 – April 1, 2015



Substance Abuse Figures

Trend: Rising

- Since 2008, overdose deaths eclipsed Motor Vehicle deaths in the US. (Source: Centers for Disease Control and Prevention --- CDC)
- Stroger Hospital: 14% of emergency room visits and 16% of inpatient visits are attributed to the growing problems of addiction.

Substance Abuse Figures

Trend: Rising

- In 2015 there were 603 deaths related to opiates in Cook County, and 413 related to heroin. (Source: Cook County Medical Examiner's Office)
- Nearly 88,000 people (approximately 62,000 men and 26,000 women) die from alcohol-related causes annually, making it the fourth leading preventable cause of death in the United States. (Source: National Institute of Alcohol Abuse and Alcoholism).

CountyCare Members: Top Diagnoses, Cost, and IP/ED Utilization April, 2015 – March, 2016

Rank	Diagnosis/Conditions	Cost	Emergency Visits	Inpatient
1	Obstetrics - Pregnancy	\$ 5,940,337	992	565
2	Infectious diseases - Septicemia	\$ 5,285,748	377	258
3	Neonatology - Uncomplicated neonatal management	\$ 3,884,071	50	68
4	Cardiology - Ischemic heart disease	\$ 4,602,994	506	235
5	Psychiatry - Psychotic & schizophrenic disorders	\$ 4,255,078	849	449
6	Psychiatry - Mood disorder; depressed	\$ 4,194,657	841	407
7	Neurology - Cerebral vascular disease	\$ 3,068,562	262	142
8	Psychiatry - Mood disorder; bipolar	\$ 3,931,450	918	466
9	Psychiatry - Organic drug or metabolic disorders	\$ 3,430,224	692	898
10	Late effects; environmental trauma & poisonings - Late effects & late complications	\$ 3,341,096	319	149
22	Chemical dependency - Opioid or barbiturate dependence	\$ 1,839,541	272	105
25	Chemical dependency - Alcohol dependence	\$ 1,793,410	576	209

CCHHS Behavioral Health 2015

Limited Behavioral Health Infrastructure

- Fantus
 - Limited Outpatient Psychiatry
- Stroger
 - Inpatient units – Psychiatrist Consultation Service
 - Emergency Department – Services provided by outside group
- Oak Forest
 - Outpatient Psychiatric Services
- Cermak
- CORE

CCHHS Behavioral Health Strategies 2015/2016 – A Year of Transition



2016: Integration of Behavioral Health

Primary Medical Home Model



2016: Community Based Partnerships:

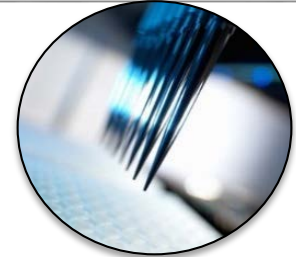
Behavioral Health consortium



2016: Crisis Expansion:

Community Triage Center

2017: Resume oversight of ED for Psychiatry



2016/2017: DOP Specialty Expansion:

Fantus/MAT

Expanded Regional Outpatient Centers

Stroger/OFHC

Cermak

CORE

Behavioral Health Integration in Primary Care

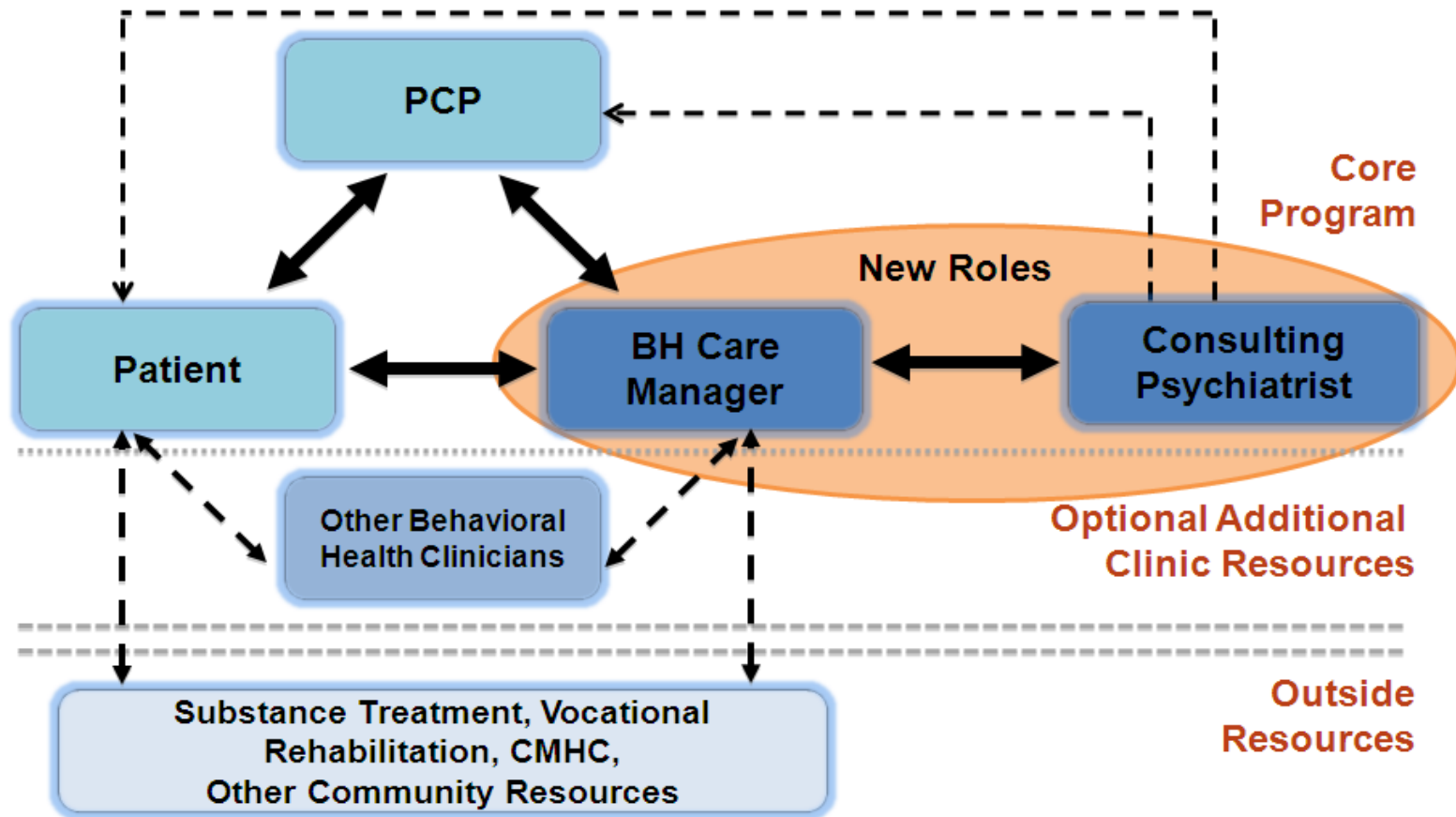
Why and where?

- Most individuals seeking “behavioral health” treatment for depression/anxiety or substances are seen in an emergency department or by their Primary Care Physician (PCP) first.
- A fully integrated, comprehensive, structured, care coordinated model works best to address psychosocial determinants in primary care

How?

- Effective Screening/Diagnosing
- Effective Intervention
- Warm Handoff/Co-managing
- Interventions (Problem-Solving Treatment, Behavioral Activation
- Cognitive Behavioral Therapy, Motivational Interviewing, Referral (Care Coordination and Enabling Services)

Primary Care Integration Model



Behavioral Health Consortium

- CCHHS already established (3/2016) a Consortium of Behavioral Health providers who collaborate to achieve:
 - A single point of contact (telephone 24/7) for behavioral health patients (not only CountyCare).
 - A network of resources available to provide a diverse array of Behavioral Health services
- The consortium is led by Community Counseling Centers of Chicago (C4) and will include these partners:
 - Metropolitan Family Services
 - Human Resources Development Institute (HRDI)
 - Habilitative Systems, Inc. (HIS)
 - South Suburban Counsel on Alcoholism and Substance Abuse
 - Family Guidance Centers Inc.
 - CCHHS

Crisis Expansion 1

Community Triage Center (CTC Pilot)



- A 24/7 triage center to evaluate and refer individuals who are in an active behavioral health crisis will open in July, 2016
- Primary services offered: mental health crisis assessments, brief health assessments, and referrals for treatment, case management and follow-up

Crisis Expansion 2

DOP to enter Stroger Emergency Department

- Spring of 2013 DOP moved out of ED. DOP will return to the ED to perform crisis evaluations
- Increased oversight and guidance to the emergency room team
- Direct control of triage and referral to the most appropriate level of care
- Quicker administration of emergent and non-emergent treatment to improve patient care
- 24/7 coverage to the emergency department with ability to cover the hospital for emergencies as well
- Enable patients in care to be completely documented in CCHHS electronic medical record (currently minimally done by outside agency)

Specialty Expansion in DOP

- Historically, the DOP has been a psychiatrist-driven model with an insufficient number of therapists
- Patients require expanded acute outpatient services
- Outpatient psychiatric social workers can extend services, preferred model
- Psychiatric trained, LCSW social workers will be hired

Substance Abuse Treatment Expansion

March 2015

Naloxone training conducted at the Stroger ED.

December 2015:

Medication Assisted Treatment (MAT) program established in Fantus Clinic to treat patients with substance addiction problems.

March 2016

3 local FQHC's (Federally Qualified Health Clinics) were awarded 3 separate Health Resources and Services Administration (HRSA) MAT grants. CCHHS has partnered with these clinics to train and implement MAT clinics at those locations.

Summer 2016:

We are well under way to expand Naloxone training into the jail.

FY2017:

DOP will partner with Family Community Medicine to implement MAT in most ACHN clinics.

Principle Objectives & Behavioral Health

#1: Improved Health Equity	<ul style="list-style-type: none"> ○ Establish continuum of behavioral health services <ul style="list-style-type: none"> Integration of Behavioral Health (BH) into Primary Care Medical Home Consortium of community BH partners Crisis services expansion Outpatient specialty care expansion
#2: Provide High Quality, Safe & Reliable Care	<ul style="list-style-type: none"> ○ Screen/assess at all points of care ○ Initiate and provide BH treatment in appropriate setting using care management/coordination approach ○ Engage and maintain patients in care through outreach
#3: Demonstrate Value, Adopt Performance Benchmarking	<ul style="list-style-type: none"> ○ Use evidence based treatment ○ Track treatment outcomes ○ Monitor and track Emergency Department and inpatient care
#4: Develop Human Capital	<ul style="list-style-type: none"> ○ Create staffing levels appropriate to patients' needs ○ Work with community partners to train potential support staff to work in various settings, e.g. outreach staff
#5: Lead in Medical Education & Clinical Investigation	<ul style="list-style-type: none"> ○ Expand training opportunities for students and residents ○ Participate as appropriate for population served in clinical investigations ○ Obtain contract and grant funding to support new treatment and services

Questions?



Cook County Health and Hospitals System
Board of Directors Special Meeting Minutes
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ATTACHMENT #2

Cermak Health Services



Cook County Health and Hospitals System Correctional Health - Cermak Health Services May 2016

PRESENTATION TO INFORM STRATEGIC PLANNING

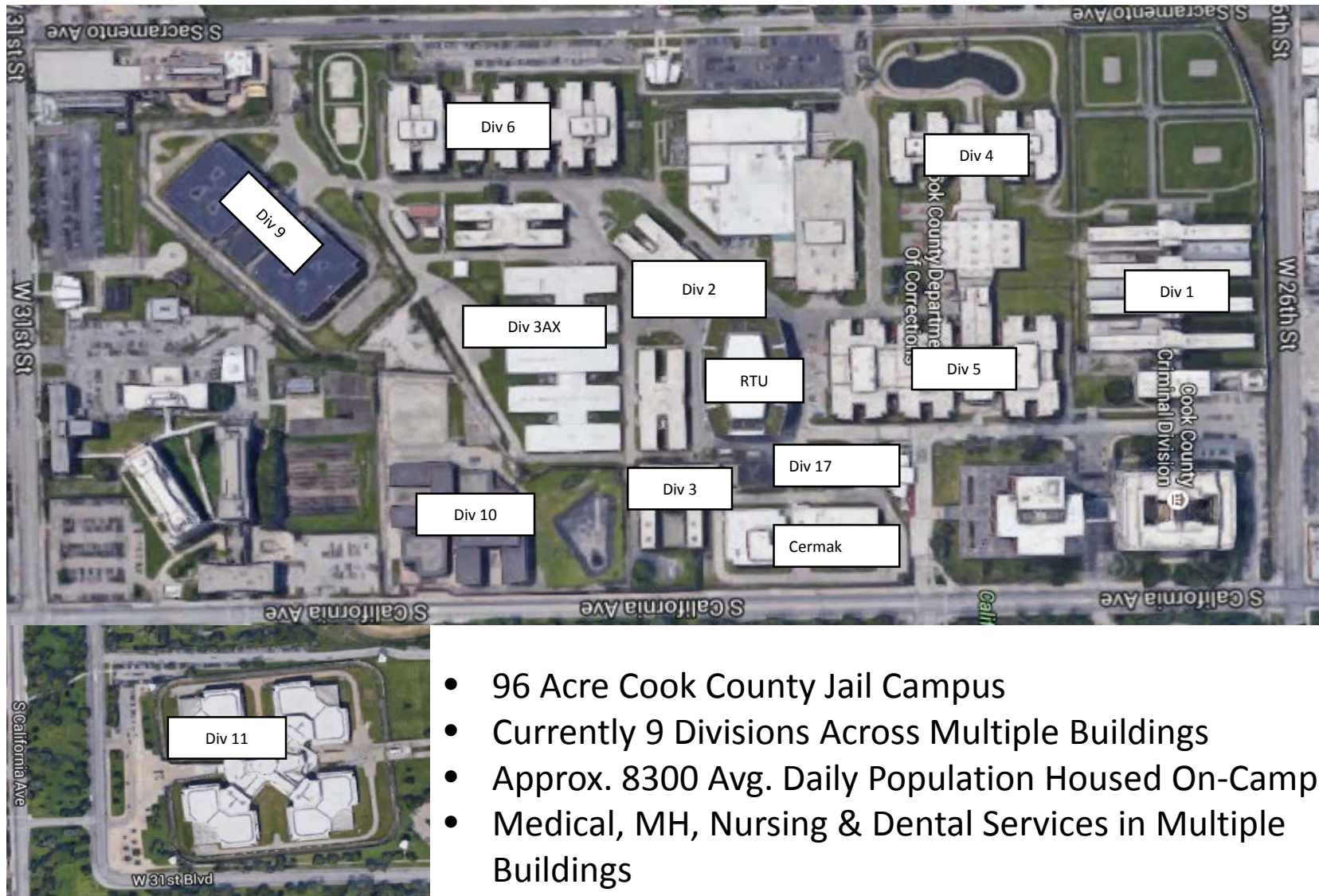
Presented By: Connie Mennella MD, Chair Department of Correctional Health
Chris Wurth, Site Administrator /COO



CERMAK HEALTH SERVICES

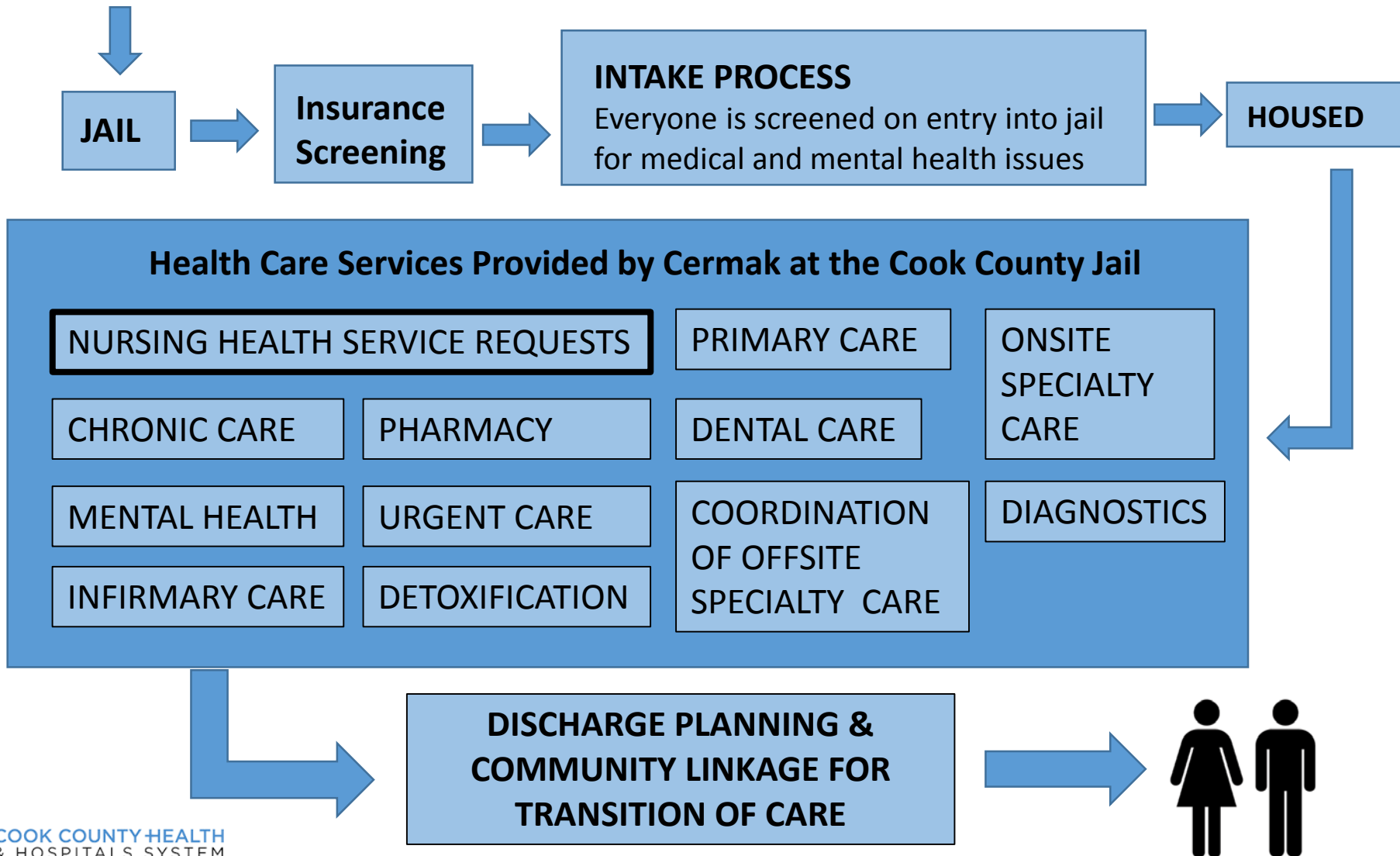
Goal: To provide constitutionally required quality, timely, and cost-efficient healthcare services in a correctional setting in accordance with acceptable community standards, accreditation, and regulatory requirements as a continuum of care within CCHHS and the community

CERMAK HEALTH SERVICES



- 96 Acre Cook County Jail Campus
- Currently 9 Divisions Across Multiple Buildings
- Approx. 8300 Avg. Daily Population Housed On-Campus
- Medical, MH, Nursing & Dental Services in Multiple Buildings
- On-Site Pharmacy

THE PATIENT EXPERIENCE



VOLUME OF SERVICES

LAST 12 MONTHS: MAY 2015 - APRIL 2016

VOLUME	SERVICES
54,719	Intake Screenings
35,474	Primary Care Visits
15,069	Psychiatry Visits
14,848	Dental Visits
10,169	Detox Patients
3,123,660	Medication Orders
6,225,979	Doses Dispensed
8,400	Methadone Doses Dispensed
64,103	Radiology/Diagnostics
~16,000	Total Onsite Specialty Clinics

ONSITE SPECIALTY CLINICS	
Infectious Diseases	Audiology
Mental Health/Crisis Intervention (24/7)	Podiatry
Cardiology	Urology
General Ophthalmology	Ophthalmology
Nephrology/Dialysis (M-W-F)	Gynecology
Optometry	Dermatology
Orthopedics	Physical Medicine and Rehabilitation
Family Planning	Physical Therapy / Occupational Therapy

MEDICAL / MENTAL HEALTH CLASSIFICATIONS

- Dose By Dose Medication Administered
- Expanded Nursing and Mental Health staffing coverage
- Medical Classifications M2, M3, M4
- Mental Health/Psychiatric Classification: P2, P3, P4

CLASSIFICATIONS	HOUSING	LEVEL OF CARE
M4 / P4	Special Care Unit / Cermak Infirmary	Highest
M3 / P3	Residential Treatment Unit	Intermediate
M2 / P2	Nursing medication divisions	Outpatient Dose by Dose medication
NONE	General Population	Outpatient – Keep on Person medication

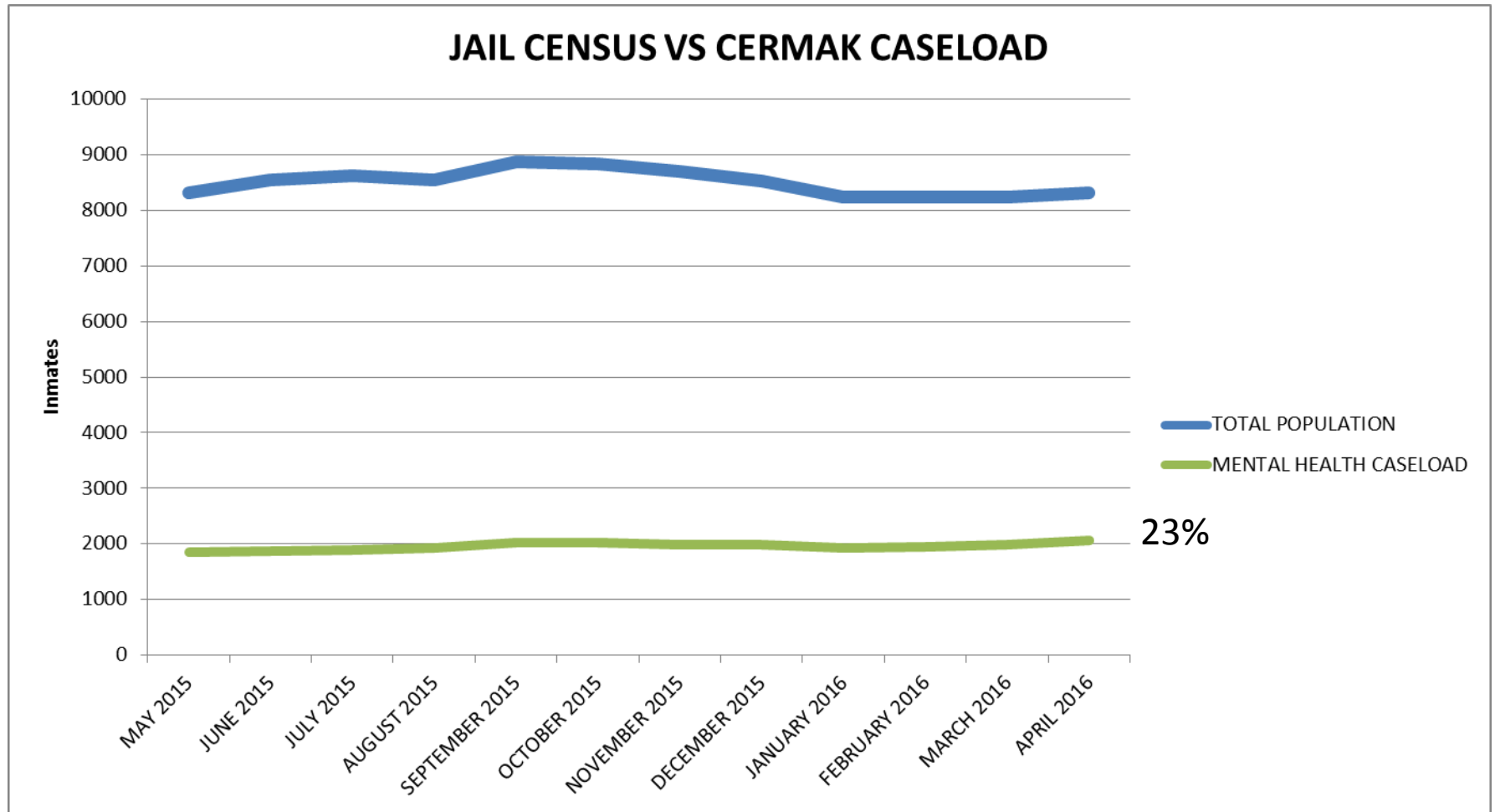


Cermak Building



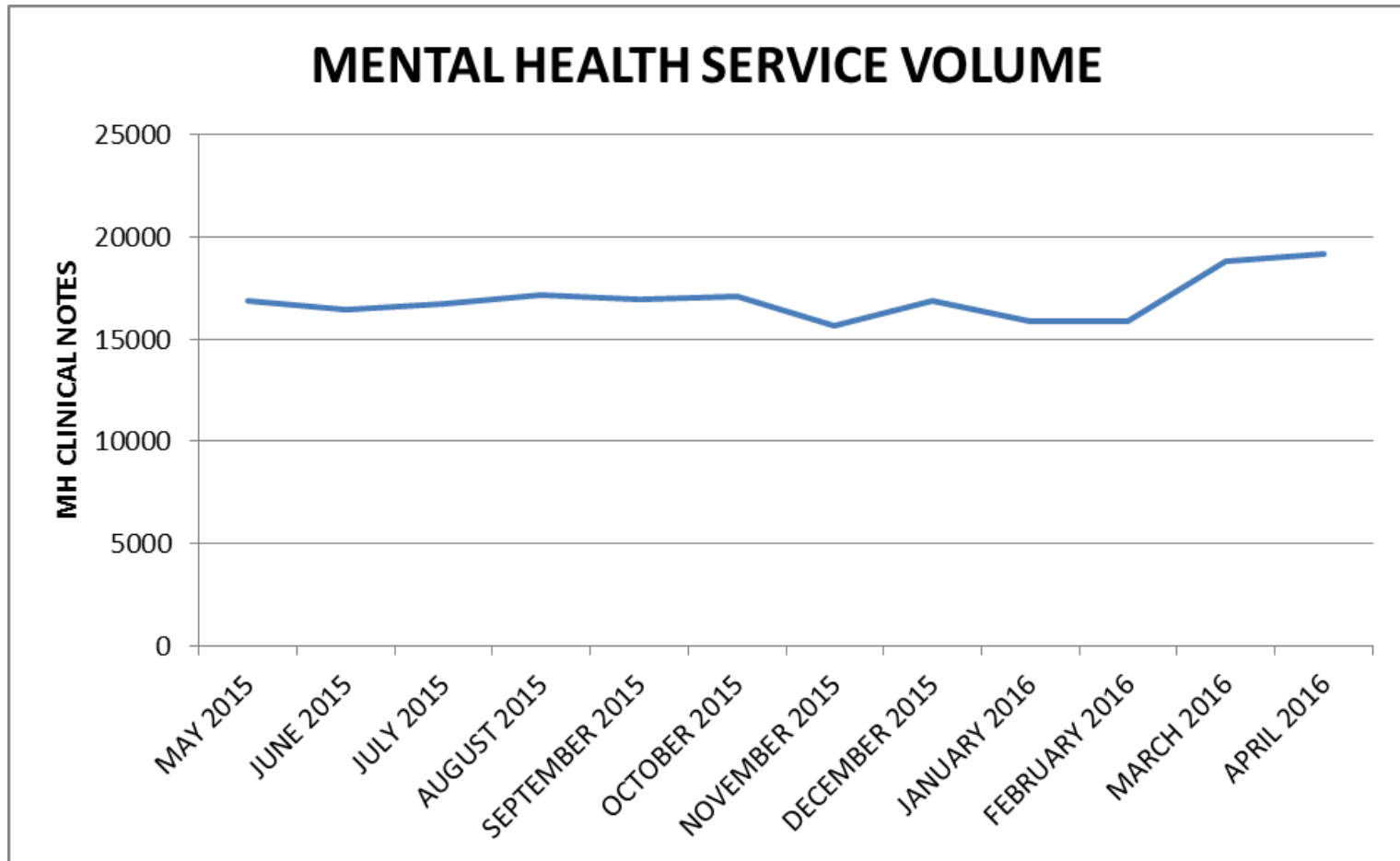
Residential Treatment Unit

MENTAL HEALTH CASELOAD VOLUME – LAST 12 MONTHS



Caseload: Total unique patients with any P-level

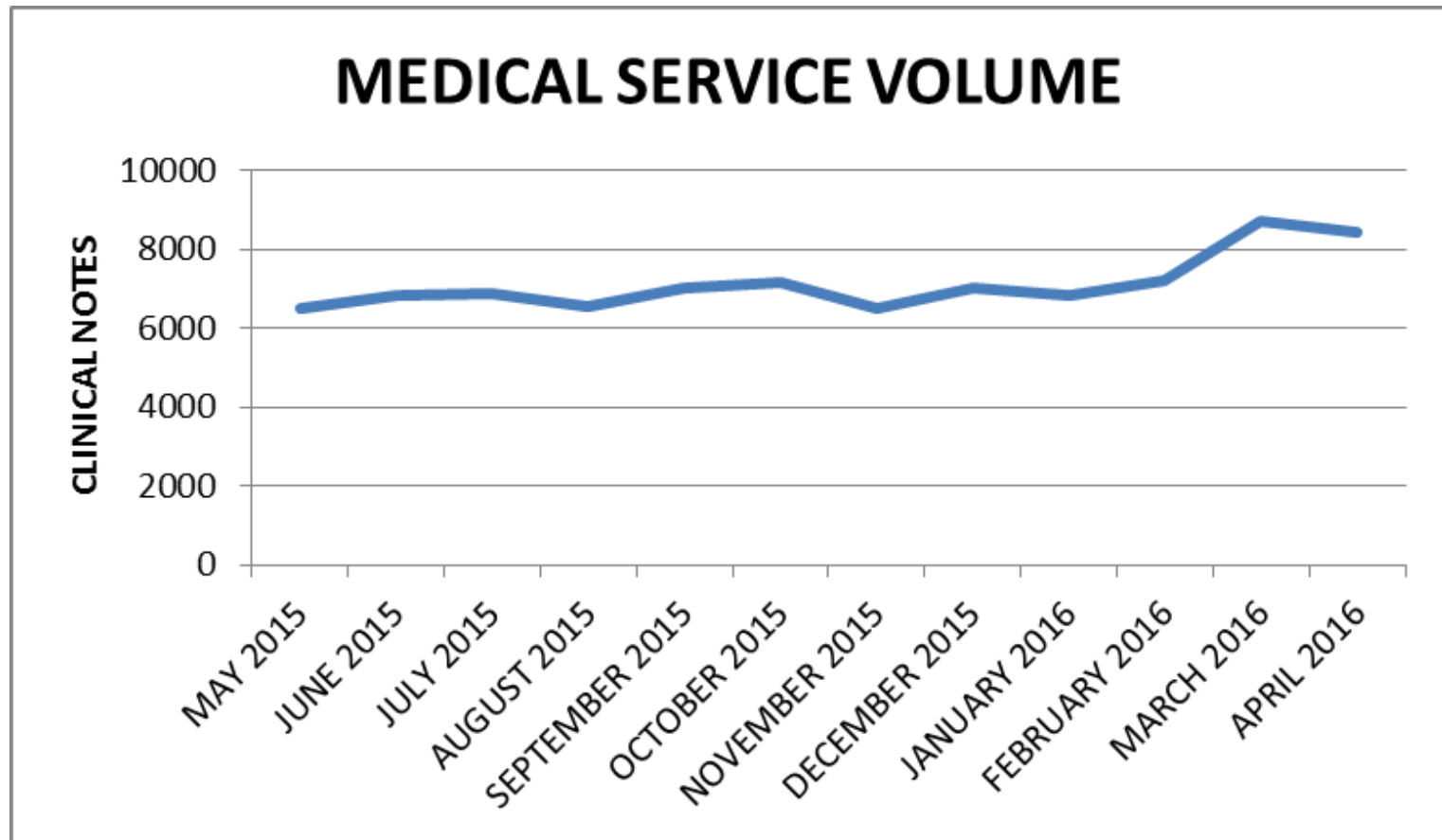
MENTAL HEALTH WORKLOAD VOLUME TRENDS



Notes reflect Mental Health service activities in the following: Mental Health Intake assessments, Psychiatry, Psychology, Mental Health Specialists, Infirmary, Group Therapy

14% increase from May 2015 to April 2016

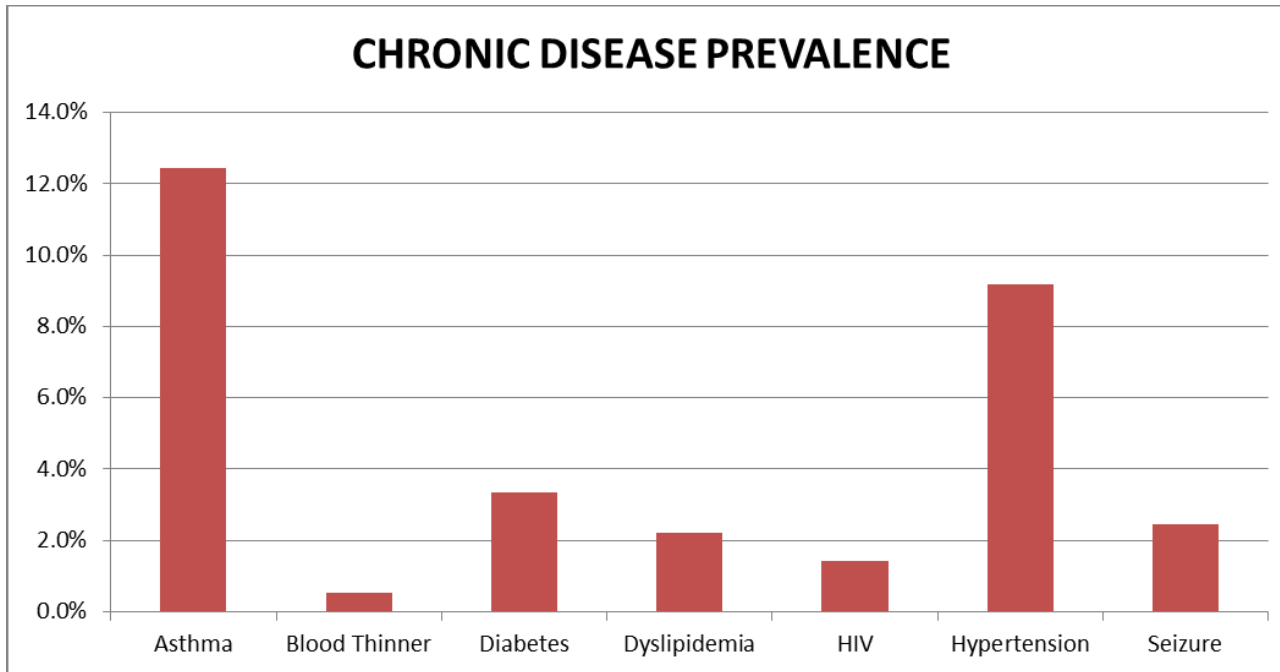
MEDICAL WORKLOAD VOLUME TRENDS



Notes reflect Medical service activities in the following: : Primary Care, Intake Medical Assessments, Provider Urgent Care

30% increase from May 2015 to April 2016

CHRONIC DISEASE

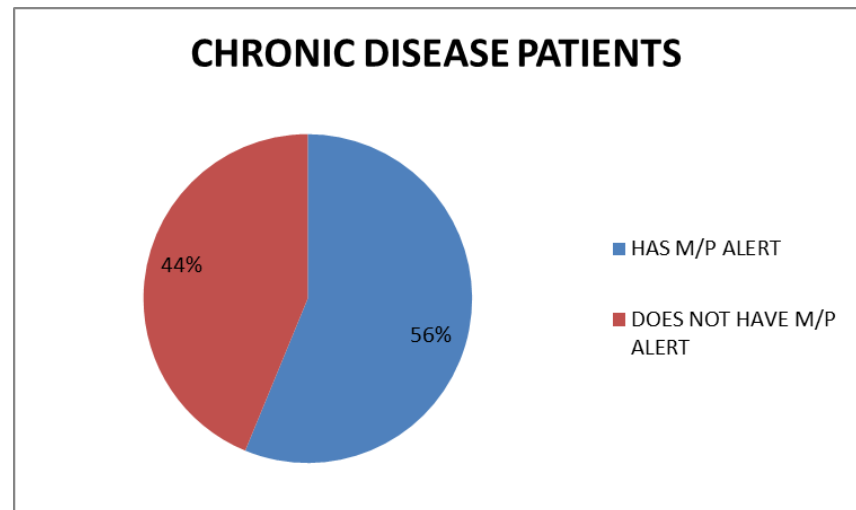


SNAPSHOT: 05/16/2016

8,121 Total Population

1,930 Unique Patients

2,592 Chronic Diseases



INNOVATIONS AND BEST PRACTICES

- Medical Special Care Unit Chronic Disease Self-Care Groups
- Diabetes group visits
- HIV care
- Family planning services
- Miscarriage Care Initiative
- Mental Health Intensive Manage Unit
- Medical Social Workers Reentry work
- Bed control process
- Nursing training initiatives
- Pharmacy OTC initiative
- Healthcare trainees
- Justice involved initiatives/research

Stepping Up Initiative

Stepping Up is a National Initiative to Reduce the Number of People with Mental Illnesses in Jails

- Partnership of the Council of State Governments Justice Center, the National Association of Counties and the American Psychiatric Association Foundation.
- Designed to rally national, state, and local leaders around the goal of reducing the number of people with mental illnesses and substance use disorders in jails.

National Stepping Up Summit

- Convened elected officials, health system leaders, jail administrators, law enforcement officials and other stakeholders from 50 jurisdictions across 37 states.
- Guided teams to develop system-level plans to reduce the number of people with mental illnesses in their jails.
- Working sessions focused on the commitment of local leadership, screening & assessment utilization, existing levels of baseline data and the degree to which progress is tracked

<https://stepuptogether.org/updates/county-teams-work-to-make-stepping-up-initiative-a-movement-not-a-moment-at-national-summit>

INTEGRATED STRATEGY

- Achieve substantial compliance in all Department of Justice areas
- Recruit, recognize, and retain quality staff
- Apply for and initiate National Commission on Correctional Healthcare (NCCHC) accreditation
- Develop Cermak as a Center of Excellence in Correctional Health
- Further integrate care coordination for patients with mental illness, substance use, and chronic disease as they re-enter the community

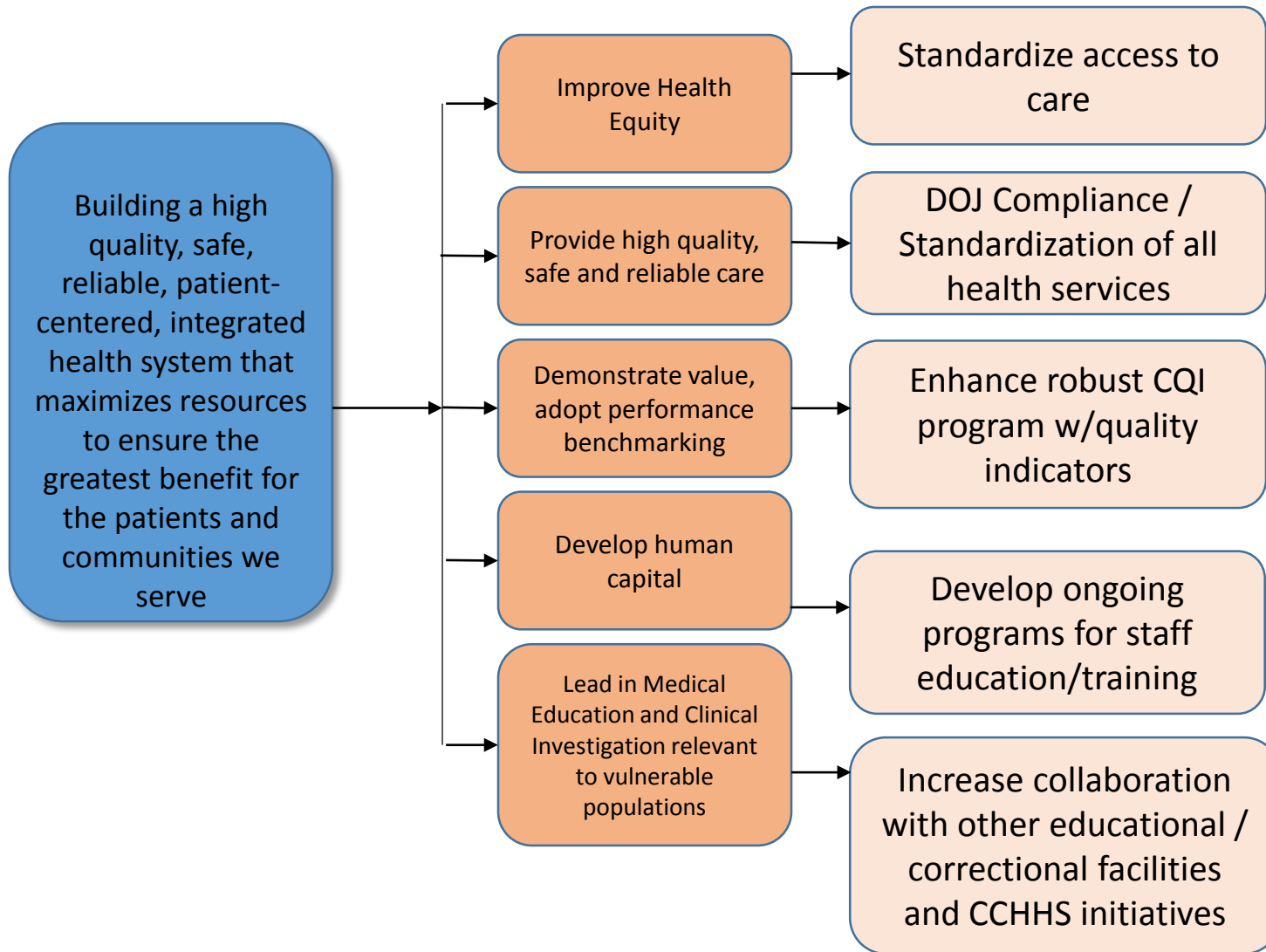
Department of Justice (DOJ) History



Agreed order initiated in June 2010

- April 2015 12 Partial 9 Substantial
- November 2015 9 Partial 12 Substantial
- April 2016 5 Partial 16 Substantial
- *NO AREAS NON COMPLIANT*

Strategic Planning



QUESTIONS?

Cook County Health and Hospitals System
Board of Directors Special Meeting Minutes
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ATTACHMENT #3

The Strategic Planning Process and Optimal Strategic Alternatives

COOK COUNTY HEALTH AND HOSPITALS SYSTEM BOARD MEETING

MONDAY, MAY 23, 2016

Strategic Planning Process - Mission

To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well-being of the people of Cook County.

Strategic Planning Process - Vision

In support of its public health mission, CCHHS will be recognized locally, regionally, and nationally – and by patients and employees – as a progressively evolving model for an accessible, integrated, patient-centered, and fiscally-responsible healthcare system focused on assuring high-quality care and improving the health of the residents of Cook County.

Strategic Planning Process - Principles

- Improve health equity
- Provide high quality, safe and reliable care
- Demonstrate financial stability, value and adopt performance benchmarking
- Develop human capital
- Lead in medical education and clinical investigation relevant to vulnerable population

Strategic Planning Process - Goals

- *Improve health equity*
 - To improve the availability of and access to healthcare services for all Cook County residents
 - To partner with others to address population healthcare needs outside of the healthcare system, including those related to social determinants of health

Strategic Planning Process - Goals

- *Provide high quality, safe and reliable care*
 - To standardize operations across the system, to maintain consistent care across facilities
 - To raise the profile of CCHHS as a healthcare leader in Cook County
 - To develop systems that meet or exceed expectations and enhance the patient experience

Strategic Planning Process - Goals

- *Demonstrate financial stability, value and adopt performance benchmarking*
 - To increase CCHHS revenue
 - To optimize CCHHS revenue by balancing the portfolio of funding sources
 - To demonstrate fiscal responsibility with limited resources, by controlling costs and maximizing efficiency
 - To develop and use new metrics for monitoring quality, cost, utilization, and patient outcomes

Strategic Planning Process - Goals

- *Develop human capital*
 - To streamline the hiring process and comply with all resource requirements
 - To recruit, hire, and retain the best employees, who are committed to CCHHS's mission
 - To integrate CCHHS human capital systems so that patients experience seamless transitions in their care

Draft

Strategic Planning Process - Goals

- *Lead in medical education and clinical investigation relevant to vulnerable population*
- To invest in continuous learning and development, including training around domain-specific best practices
- To produce knowledge both internally and externally about how best to provide care to our patients in our system
- To evaluate clinical output by specialty and to forecast health needs by specialty

Strategic Planning Process – Objectives (examples)

- *Improve health equity*
 - *To improve the availability of and access to healthcare services for all Cook County residents*
 - In 2017, fully integrate behavioral health with primary care at the Systems' ACHN clinics

Strategic Planning Process – Objectives (examples)

- *Provide high quality, safe and reliable care*
 - *To develop systems that meet or exceed expectations and enhance the patient experience*
 - Improve the patient experience annually from the 2016 baseline using patient surveys

Strategic Planning Process – Objectives (examples)

- *Demonstrate value, adopt performance benchmarking*
 - *To demonstrate fiscal responsibility with limited resources, by controlling costs and maximizing efficiency*
 - To decrease (increase discounts) drug costs by maximizing discounts under the 340B Drug Pricing Program by 2018.

Strategic Planning Process – Objectives (examples)

- *Develop human capital*
 - *To recruit, hire, and retain the best employees, who are committed to CCHHS's mission*
 - Reduce mean time to hire by 20% by 2019.

Strategic Planning Process – Objectives (examples)

- *Lead in medical education and clinical investigation relevant to vulnerable population*
- *To produce knowledge both internally and externally about how best to provide care to our patients in our system*
 - By 2018, determine the ways and means of supporting a research enterprise within the CCHHS.

Strategic Planning Process – Alternative Strategies (examples)

- *Improve health equity*
 - *To improve the availability of and access to healthcare services for all Cook County residents*
 - *In 2017, fully integrate behavioral health with primary care at the Systems' ACHN clinics*
 - Integrate behavioral health throughout CCHHS and CountyCare

Selection of Optimal Strategies

Strategy Selection Criteria

- Consider:

Feasibility – Is it likely that the strategy can be done effectively?

Urgency – Is there an immediate need for the strategy and/or a “window of opportunity?”

Capability – Is the CCHHS capable of leading the strategy?

Benefit/Cost – Do the expected benefits of the strategy appear to exceed the cost?

High Priority Strategies

Strategy Ranking Criteria

Consider:

Need - Is there a need in the System and/or in the County of Cook for an effort in this area? Is this a serious problem when mortality, years of potential life lost, activity limitations, and quality of life are considered?

Impact – Would a response to this problem have an impact on health status and the performance of the CCHHS? Will many people be affected? Does this problem have a disproportionate adverse impact on subpopulations within Cook County?

Prognosis - Is there a likelihood of success in achieving a favorable outcome for this strategy?

Capability – Are service providers and CCHHS employees capable of supporting the effort and will a response to the strategy attract the support of interested constituents?

High Priority Strategies

Strategy Ranking Criteria

Consider:

Constraints - Is a response to this strategy within the constraints of the CCHHS?

Assessment – Would a response to this problem maximize strengths in the CCHHS and minimize weaknesses?

Consistency – Would a response to this strategy be consistent with the mission, vision, role, goals, and objectives of the CCHHS?

Continuity – Would a response to this strategy continue an earlier effort in the CCHHS?

Leverage – Does the strategy allow for expanded funding opportunities?

Implementation Plan

Evaluation Plan

Improve Health Equity

Goal

- To improve the availability of and access to healthcare services for all Cook County residents

Objective

- In 2017, fully integrate behavioral health with primary care at the Systems' ACHN clinics

Alternative Strategies

- Integrate behavioral health throughout CCHHS and CountyCare
- Expand the Community Triage Center from the 2016 baseline
- Increase and strengthen affiliations with FQHCs and other community-based providers

Improve Health Equity

Goal

- To partner with others to address population healthcare needs outside of the healthcare system, including those related to social determinants of health

Objective

- By 2017, engage in activities that demonstrate the ability to improve the health status of vulnerable populations and determine the focus on selected clinical and social conditions that offer partnership opportunities

Alternative Strategies

- Expand “Food is Medicine” Partnership with the Chicago Food Depository from the 2015 baseline
- Screen patients for needs outside the clinical delivery setting to connect with community resources

Improve Health Equity

Alternative Strategies (continued)

- Establish a consistent specialty care presence, including eConsult, for high need specialties in Cook County
- Implement messaging systems and health information exchange to improve efficiency in targeting vulnerable populations for care
- Strategically assess the specific needs of unique target populations (e.g., newly insured Medicaid populations; undocumented patients; individuals with private insurance)
- Develop strategic partnerships with community-based organizations serving Cook County to provide a wide range of services for the CCHHS target populations (e.g., social work; access to food and shelter; dental services)
- Further develop care coordination across the CCHHS continuum of care

Improve Health Equity

Alternative Strategies (continued)

- Improve maternal outcomes for at-risk patients
- Offer an integrated, collaborative approach to address social determinants of health by leveraging public health learnings
- Develop resources to enable implementation of WePLAN
- Leveraging CCDPH experience, conceptualize robust primary, secondary, and tertiary prevention interventions within the CCHHS
- Explore local public health department consolidation in Cook County
- In Care Coordination, emphasize social determinants using the “Purple Binder” and expand the concept to other clinical opportunities

Provide high quality, safe and reliable care

- Goal
 - To develop systems that meet or exceed expectations and enhance the patient experience
- Objective
 - Improve the patient experience annually from the 2016 baseline using patient surveys
- Alternative Strategies
 - Improve the patient experience through employee engagement

Provide high quality, safe and reliable care

Alternative Strategies (continued)

- Implement appropriate Health Information Exchange functionalities to facilitate interdisciplinary, collaborative oversight at every level of the CCHHS
- Get actionable items to front lines by building accountability and, in turn, decrease solution time
- Eliminate paper scanning/records and optimize electronic medical records (EMR) and the transition to electronic health records (EHR)
- Upgrade the informatics competencies of the clinical teams to enable bi-directional communication and data sharing among team members
- Develop a CCHHS culture that makes safety a high priority
- Implement analytics to identify and reduce variations in processes that lead to poor outcomes
- Establish reliability of care processes that ensure consistency every time for every patient in every setting

Provide high quality, safe and reliable care

Goal

- To standardize operations across the system to maintain consistent care across facilities

Objective

- To improve quality metrics annually from the 2016 baseline

Alternative Strategies

- Establish a Magnet (Magnet Recognition Program) culture and a plan for becoming a Magnet System
- Implement a process orientation program to improve operational performance and standardize operational and service delivery processes toward becoming a performance driven System
- Develop competencies around high reliability work teams and evidence-based practice

Draft

Demonstrate financial stability, value and adopt performance benchmarking

Goal

- To increase CCHHS revenue

Objective

- To increase total revenue by 9% by 2019.

Alternative Strategy

- Implement means of tying performance to outcomes and internal benchmarks to population measures
- Standardize CCHHS financial systems to achieve world class standards for reporting and security

Demonstrate financial stability, value and adopt performance benchmarking

Goal

- To increase CCHHS revenue

Objective

- To increase enrollment in County Care by 15% by 2018.

Alternative Strategy

- Expand the comprehensive marketing and branding program to attract new customers and retain existing customers in order to grow revenue
- Enroll those exiting jail into Medicaid
- Retain and grow both the primary care base and the number of CountyCare members
- Rebrand CCHHS regarding CCHHS' status as a healthcare leader
- Implement means of communicating new and existing initiatives to stakeholders
- Pursue other methods of growing membership, e.g., acquisition, product line expansion

Demonstrate financial stability, value and adopt performance benchmarking

Goal

- To optimize CCHHS revenue by balancing the portfolio of funding sources

Objective

- By 2018, establish a mechanism for optimizing financial resources from all sources

Alternative Strategies

- Develop programs to engage financial stakeholders in order to maintain and increase sources of revenue
- Maintain Benefits Improvement and Protection Act (BIPA) revenue to the CCHHS at the 2016 level
- Continue to maximize discounts under the 340B Drug Pricing Program
- Increase philanthropic revenue

Demonstrate financial stability, value and adopt performance benchmarking

Goal

- To demonstrate fiscal responsibility, with limited resources, by controlling costs and maximizing efficiency

Objective

- By 2017, develop and use new metrics for monitoring quality, cost, utilization, and patient outcomes

Alternative Strategies

- Develop full cost recovery models for estimating the total costs of caring for a patient
- Implement population health analytics to identify, target, treat, and monitor high risk individuals and populations

Demonstrate financial stability, value and adopt performance benchmarking

Goal

To develop and use new metrics for monitoring quality, cost, utilization, and patient outcomes

Objective

By 2019, create improved structures that allow transition to a pay-for-performance platform

Alternative Strategy

Establish a unified and rebranded medical staff practice plan

Develop Human Capital

Goal

- To streamline the hiring process and comply with all human resource requirements

Objectives

- Achieve substantial compliance with all human resource requirements of the Shakman Compliance Administrator by 2017

Alternative Strategies

- Complete training and implementation of the employment plan for Shakman compliance.

Develop Human Capital

Goal

To streamline the hiring process and comply with all human resource requirements

Objectives

Reduce mean time to hire by 20% by 2019.

Alternative Strategy

Use continuous quality management and other management tools to speed the hiring process while maintaining compliance

Develop Human Capital

Goal

- Recruit, hire, and retain the best employees, who are committed to CCHHS's mission

Objectives

- Provide ongoing professional development for staff by 2018

Alternative Strategies

- Implement Advanced Clinical Hiring System-wide
- Train qualified staff to assess social determinants of health in clinics, hospitals, and CountyCare
- Strengthen the CCHHS workforce through expanding diversity in the advertising network, expanding recruiting efforts, and improving cultural competency

Develop Human Capital

Goal

- To integrate CCHHS human capital systems so that patients experience seamless transitions in their care

Objective

- By 2018, implement team-based systems to enhance care coordination

Alternative Strategy

- Fully engage supervisors in the achievement of performance measures throughout the CCHHS
- Implement remote access technologies, provider portals, and bi-directional communication technologies among providers
- Maintain IT systems that integrate care coordination across disciplines

Lead in medical education and clinical investigation relevant to vulnerable populations

- Goal
 - To produce knowledge both internally and externally about how best to provide care to our patients in our system
- Objective
 - By 2018, determine the ways and means of supporting a research enterprise within the CCHHS
- Alternative Strategies
 - Increase access to evidence and peer-reviewed journals

Lead in medical education and clinical investigation relevant to vulnerable populations

- Alternative Strategies
 - Establish and support a research enterprise as an organizational unit within the CCHHS. As the System achieves substantial compliance on Shakman issues and the mean time for hires is reduced, the indirect costs associated with research proposals should contribute to research enterprise costs.
 - Expand the research agenda of the enterprise to include investigation of health policy, management issues, and innovative care solutions supportive of CCHHS objectives.

Lead in medical education and clinical investigation relevant to vulnerable populations

Alternative Strategies

- Develop the capacity to evaluate and analyze clinical output by specialty and assess projected health care needs by specialty
- Develop the capacity for research translation and dissemination through the establishment of a Learning Health System
- Seek university partners to develop a research fellow program

Lead in medical education and clinical investigation relevant to vulnerable populations

Goal

To invest in continuous learning and development, including training around domain-specific best practices

Objective

By 2019, establish patient-reported outcomes, predictive analytics, population health initiatives, and external partnerships.

Alternative Strategies

Implement a Learning Health System within the research enterprise

Implement an informatics platform within the research enterprise to facilitate collaboration among researchers and for translating clinical research evidence into practice by providers

Lead in medical education and clinical investigation relevant to vulnerable populations

Alternative Strategies

- Develop or partner with online educational programs and provide incentives for personnel to upgrade their knowledge
- Build inter-professional partnerships to enhance team-based learning and simulations

Lead in medical education and clinical investigation relevant to vulnerable populations

Goal

To evaluate clinical output by specialty and to forecast health needs by specialty

Objective

By 2017, identify internal and external resources, including personnel, to establish a clinical outcomes research unit

Alternative Strategy

Implement an informatics platform for collaboration among outcomes researchers to evaluate clinical outcomes and project future health care needs